



TOWN OF NARRAGANSETT
Police Department • 40 Caswell Street • Narragansett, RI 02882
Tel. (401)789-1091 - Fax (401)789-8819

RELEASE OF INFORMATION AUTHORIZATION

I hereby direct and authorize the Narragansett Police Department review any criminal record that is on file in reference to me in accordance with the R.I. General Laws Title 23 Chapter 17.

I hereby waive and release any and all manner of actions, causes of action, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the Town of Narragansett in both law and equity which I have or in the future may have.

Signed this _____ day of _____, 2010

Full Name (please print)

Signature (Notarized)

Date of Birth: _____ Social Security Number: _____ Driver's License #: _____

Before me: _____
Notary Public

Term Expires on _____